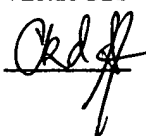


SERIAL NUMBER 09/028,187		FILING DATE 02/23/98	CLASS 099/100	GROUP ART UNIT 1761/3721	ATTORNEY DOCKET NO. M-95-3195-U.
APPLICANT CARLOS NETO MENDES, ARARAQUARA, BRAZIL.					
CONTINUING DATA***SEE OVERFLOW LABEL**					
FOREIGN APPLICATIONS***					
VERIFIED	BRAZIL	PI-9502218-0	06/12/95		
	BRAZIL	PI-9502244-9	06/19/95		
	BRAZIL	MI-5501197-7	08/01/95		
	BRAZIL	MI-5501198-5	08/01/95		
	BRAZIL	MI-5501199-3	08/01/95		
	BRAZIL	MU-7501779-2	08/01/95		
	BRAZIL	MU-7501780-6	08/01/95		
	BRAZIL	MU-7501781-4	08/01/95		
	BRAZIL	PI-9503518-4	08/01/95		
	BRAZIL	MU-7501563-3	08/07/95		
	BRAZIL	PI-9503109-0	08/07/95		
	BRAZIL	MI-5501053-9	08/07/95		
	BRAZIL	MI-5501976-5	12/08/95		
	BRAZIL	MU-7502784-4	12/08/95		
	BRAZIL	MU-7502785-2	12/08/95		
	BRAZIL	MU-7502786-0	12/08/95		
	BRAZIL	MU-7502994-4	12/15/95		
***** SMALL ENTITY *****					
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no		STATE OR COUNTRY BRX		SHEETS DRAWING 12	TOTAL CLAIMS 8
Verified and Acknowledged <input checked="" type="checkbox"/> Yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		Examiner's Initials		Initials	INDEPENDENT CLAIMS 4
ADDRESS GEORGE A BODE BODE & ASSOCIATES 2314 BROADWAY NEW ORLEANS LA 70125-4125					
TITLE FILTERING DEVICE FOR A CITRUS JUICE EXTRACTION MACHINE					
FILING FEE RECEIVED \$436	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
09/028,187 XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	
APPLICANT **CONTINUING DOMESTIC DATA***** VERIFIED THIS APPLN IS A CIP OF 08/647,066 05/09/96 PAT 5,655,441 <u>Crd</u> AND A CIP OF 08/681,627 07/29/96 PAT 5,720,218 AND A CIP OF 08/681,626 07/29/96 AND A CIP OF 08/759,723 12/06/96 ABN AND A CIP OF 08/759,722 12/06/96 PAT 5,720,219 AND A CIP OF 08/759,727 12/06/96 ABN AND A CIP OF 08/763,679 12/11/96 ABN AND A CIP OF 08/884,529 06/27/97 **371 (NAT'L STAGE) DATA***** VERIFIED 					
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged Examiner's Initials _____ Initials _____					
ADDRESS					
TITLE					
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		